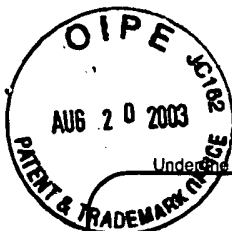


08-22-03



PTO/SB/21 (01-03)

Approved for use through 04/30/2003. OMB 0651-0031

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/627,021	
	Filing Date	07/25/03	
	First Named Inventor	Raymond W. Howard	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	5	Attorney Docket Number	Lucky Line.1524

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b> Other Enclosure(s): 1. Return Postcard		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Murphey & Murphey, A.P.C. Hani Z. Sayed
Signature	
Date	08/20/2003

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 08/20/2003

Typed or printed	Valeina Jack
Signature	
Date	08/20/2003

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PTO/SB/17 (05-03)

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<b>FEE TRANSMITTAL for FY 2003</b>		<b>Complete if Known</b>	
Effective 01/01/2003. Patent fees are subject to annual revision.		Application Number	10/623,862
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 17, 2003
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	GANAN-CALVO, ALFONSO
(\$)		Examiner Name	To Be Assigned
METHOD OF PAYMENT (check all that apply)		Art Unit	To Be Assigned
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		Attorney Docket No.	AERX-063CON4
<input checked="" type="checkbox"/> Deposit Account:		FEE CALCULATION (continued)	
Deposit Account Number 50-0815		3. ADDITIONAL FEES	
Deposit Account Name Bozicevic, Field & Francis LLP		Large Entity Fee Code (\$)	
The Commissioner authorized to: (check all that apply)		Small Entity Fee Code (\$)	
<input checked="" type="checkbox"/> Charge fees indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Description	
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application		Fee Paid	
<input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Fee Code (\$)			
Small Entity Fee Code (\$)			
Fee Description			
Fee Paid			
1001 750 2001 375 Utility filing fee		750.00	
1002 330 2002 165 Design filing fee			
1003 520 2003 260 Plant filing fee			
1004 750 2004 375 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1)		750.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Extra Claims Fee from below		Fee Paid	
Total Claims 22 -20** = 2 x 18 = 36.00			
Indep. Claims 3 -3** = 0 x 84 = 0.00			
Multiple Dependent =			
Large Entity Fee Code (\$)			
Small Entity Fee Code (\$)			
Fee Description			
1202 18 2202 9 Claims in excess of 20			
1201 84 2201 42 Independent claims in excess of 3			
1203 280 2203 140 Multiple dependent claim, if not paid			
1204 84 2204 42 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) \$		36.00	
**or number previously paid, if greater; For Reissues, see above.			
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type) Karl Bozicevic		Registration No. 28,807	
Signature		Telephone (650) 327-3400	
		Date 08/20/2003	

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